

# Data Request

Revised October 2016

UUA Data Services  
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617-948-4653

Date: \_\_\_\_\_

Request Type:  Mailing List  
 Other

## Requestor Contact Information

Requestor's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address (if different from Requestor's Address): \_\_\_\_\_

## Information on Data Request

Needed by Date (10 day minimum): \_\_\_\_\_

File Format (default is CSV): \_\_\_\_\_

Selection Criteria: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Planned Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Prices:

- Mailing lists: Street addresses only, \$0.10 per record (name / address pair) with a \$50 minimum
- Congregational lists: \$100 for street addresses, \$200 for email addresses  
\$250 for both street and email addresses
- Statistical reports: \$50 plus \$50/hour billed in 30 minute increments

**UU Organizational Qualification or Sponsorship:**

We are a (check one):

Member Congregation

District/Region

Related Organization

(see <http://www.uua.org/directory/organizations>)

**Or**

**Sponsoring Organization:**

Organization Name: \_\_\_\_\_

Authorized Party Name: \_\_\_\_\_

Authorized Party Title/Role: \_\_\_\_\_

Authorized Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Terms of Use – By signing below, you agree to the following:**

1. There is no warranty or guarantee regarding the completeness or accuracy of the data. The price will not be adjusted to reflect returned or otherwise defective data.
2. If you plan to share this information with the media or general public, please include the intended audience in the "Planned Use" above.
3. One-time use of provided data
4. Data not available to rent, sell, or otherwise share
5. Forward any USPS returned mail to the UUA for updates in the UUA database. Send returned mail to the address referenced in Item 6 below.
6. Send one copy of the mailing or communication to the following address:  
 UUA Data Services  
 24 Farnsworth St  
 Boston, MA 02108

**Signature**

Signature of Requestor: \_\_\_\_\_ Date of Request: \_\_\_\_\_

UUA Data Services Office Use Only	
Request #	
Fulfilled By	
Date Completed	
Total Hours	
Number of Records	
Price per Record	\$0.10
Minimum Charge	\$50.00
Invoice Total	\$